

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 06 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 161548 (3)
1. Corporation Name
MINUTE MAID CORPORATION



Principal Place of Business Mailing Address
ONE COCA-COLA PLAZA, NW ONE COCA-COLA PLAZA, NW
P O DRAWER 1734, NAT-1148 P O DRAWER 1734, NAT-1148
ATLANTA GA 30301 ATLANTA GA 30301

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		05/15/1950	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-6066398	
24 Country		29 Country		Applied For	
				Not Applicable	
				5. Certificate of Status Desired	
				<input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing	
				<input type="checkbox"/> \$5.00 May Be Added to Fees	
				7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	
				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				FL 85 Zip Code			

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	CPD	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	COOPER, RALPH H			1.2 NAME			
STREET ADDRESS	ONE COCA-COLA PLAZA, NW			1.3 STREET ADDRESS			
CITY-ST-ZIP	ATLANTA GA			1.4 CITY-ST-ZIP			
TITLE	VPDT	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CHESTNUT, JAMES E.			2.2 NAME			
STREET ADDRESS	ONE COCA-COLA PLAZA, NW			2.3 STREET ADDRESS			
CITY-ST-ZIP	ATLANTA, GA 0			2.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BEALE, R. MICHELLE			3.2 NAME			
STREET ADDRESS	ONE COCA COLA PLAZA NW			3.3 STREET ADDRESS			
CITY-ST-ZIP	ATLANTA GA			3.4 CITY-ST-ZIP			
TITLE	AT	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WHALEY, STEVE M.			4.2 NAME			
STREET ADDRESS	ONE COCA COLA PLAZA NW			4.3 STREET ADDRESS			
CITY-ST-ZIP	HOUSTON, TX 00000			4.4 CITY-ST-ZIP			
TITLE	S	<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SHAW, SUSAN E			5.2 NAME			
STREET ADDRESS	ONE COCA-COLA PLAZA, NW			5.3 STREET ADDRESS			
CITY-ST-ZIP	ATLANTA GA			5.4 CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	THOMPSON, HUGH W, III			6.2 NAME			
STREET ADDRESS	ONE COCA-COLA PLAZA			6.3 STREET ADDRESS			
CITY-ST-ZIP	ATLANTA GA			6.4 CITY-ST-ZIP			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE:

[Signature]

Assistant Treas. 4/24/98 404-676-3042

CR2E034 (10/97)